



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party – that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1

Identifying Information

1. Given Name (First Name)

Pedro

2. Surname (Last Name)

Landete

3. Date

14-August-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Clinical features and radiological manifestations of COVID19 disease

6. Manuscript Identifying Number (if you know it)

56920

Section 2

The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Relevant financial activities outside the submitted work.

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Section 4

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



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Dr. Landete has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Carlos Andrés

2. Surname (Last Name)
Quezada Loaiza

3. Date
14-August-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Pedro Landete

5. Manuscript Title
CLINICAL FEATURES AND RADIOLOGICAL MANIFESTATIONS OF COVID19 DISEASE

6. Manuscript Identifying Number (if you know it)
03428837

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Section 1. Identifying Information

1. Given Name (First Name)

Beatriz

2. Surname (Last Name)

Aldave-Orzaiz

3. Date

14-August-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Pedro Landete

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)

Susana

2. Surname (Last Name)

Hernández

3. Date

14-August-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Pedro Landete

5. Manuscript Title

CLINICAL FEATURES AND RADIOLOGICAL MANIFESTATIONS OF COVID19 DISEASE

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Antonio

2. Surname (Last Name)

Maldonado

3. Date

14-August-2020

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☐ Yes

☒ No

Corresponding Author's Name

Pedro Landete

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Enrique

2. Surname (Last Name)

Zamora

3. Date

14-August-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Pedro Landete

5. Manuscript Title

CLINICAL FEATURES AND RADIOLOGICAL MANIFESTATIONS OF COVID19 DISEASE

6. Manuscript Identifying Number (if you know it)

03428837

Section 2.

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Are there any relevant conflicts of interest?

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Intellectual Property -- Patents & Copyrights

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☐ Yes

☒ No



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Dr. Zamora has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Allan Charles

2. Surname (Last Name)
Sam Cerna

3. Date
14-August-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Pedro Landete

5. Manuscript Title
CLINICAL FEATURES AND RADIOLOGICAL MANIFESTATIONS OF COVID19 DISEASE

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Allan Charles

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Sam Cerna

3. Date

14-August-2020

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☐ Yes

☒ No

Corresponding Author's Name

Pedro Landete

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CLINICAL FEATURES AND RADIOLOGICAL MANIFESTATIONS OF COVID19 DISEASE

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Elia

2. Surname (Last Name)
Del Cerro

3. Date
14-August-2020

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Pedro Landete

5. Manuscript Title
CLINICAL FEATURES AND RADIOLOGICAL MANIFESTATIONS OF COVID19 DISEASE

6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)
Raquel

2. Surname (Last Name)
Cano

3. Date
14-August-2020

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Pedro Landete

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Dr. Cano has nothing to disclose.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent



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Section 1.

Identifying Information

1. Given Name (First Name)

Felipe

2. Surname (Last Name)

Couñago

3. Date

14-August-2020

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Pedro Landete

5. Manuscript Title

CLINICAL FEATURES AND RADIOLOGICAL MANIFESTATIONS OF COVID19 DISEASE

6. Manuscript Identifying Number (if you know it)

03428837

Section 2.

The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

☐

Yes

☒

No

Section 3.

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Yes

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No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐

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☒

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Couñago has nothing to disclose.

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